

### The Commonwealth of Massachusetts

# Registry of Motor Vehicles One Copley Place Boston, MA 02119 www.mass.gov/rmv

Kimberly Hinden *Registrar* 

Mail: Section 5 Division P.O. Box 199172 Boston, MA 02119-9172 (617) 351-9272

#### Dear Repair Applicant:

A "Repairer" is defined as any person who is principally and substantially engaged in the business of repairing, altering, reconditioning, equipping, or towing motor vehicles or trailers for the public and who maintains an established place of business as defined in M.G. L. c.90, s.1, with the facilities for the repairing of such motor vehicles or trailers.

If the repairer's sole business is the towing of motor vehicles or trailers for the public, he/she shall possess a valid certificate from the Department of Telecommunications and Energy (DTE) for such towing and must provide the Acting Registrar with a copy of said permit. The repairer must maintain business records on the licensed premises which shall contain the date(s), description of the motor vehicle, including the vehicle identification number, owner and nature of the work.

It will be necessary for you to furnish copies of the following documents in order to obtain Repair plates:

- 1. A Business certificate from the city or town in which you are doing business.
- 2. Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).
- 3. DTE Certificate (if towing for hire).
- 4. Federal Identification Number/Employer Identification Number (FID/EIN)\* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:
  - *Top part of Form 942* Department of the Treasury Employer's Quarterly Federal Tax Return.
  - Form 8109 Federal Tax Deposit Coupon.
  - *Any* letter from the IRS to the Corporation/Company, showing the Corporation/Company name and FID/EIN.
  - *Top part of Form 940* Department of the Treasury Internal Revenue Service US Income Tax Return for a subchapter 'S' Corporation.
- 5. Repair shop number issued by Director, Division of Standards, Office of Consumer Affairs (all repair shops that do auto body work, or glass replacements, must apply for a repair shop number, M.G.L. c. 100A.)

Please complete the enclosed application and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

\* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 978-474-9717. *Note: The business name or corporation name must be spelled exactly the same on all of the above documents.* 

**NOTE:** Compliance Decals: Except for a 'Dealer,' a general registration holder must have a 'Compliance Decal' affixed to each motor vehicle or trailer he or she owns (or leases) that is operated with the assigned General Registration Number Plate. The presence of the Compliance Decal indicates the sales tax (M.G.L. c. 64H) has been paid and that title (M.G.L. c.90D) has been obtained. You will be asked to provide tax and title documentation for each vehicle before any plates can be assigned.

#### MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Section 5 Division P. O. Box 199172 Boston, MA 02119-9172 617-351-9272 Date of Application



## Application For Repair Registration

<u></u>			
REPAIR TYPE: (check all boxes that apply)			
q General Auto q Auto Body/Glass q Tow			
SECTION 1:			
Primary Owner Information			
<b>q</b> Individual <b>q</b> Corp./Co. Number of plates requ	nested		
MA License or ID number	FID Numbe (Corp./Co. o	r	business name)
Name:		[	-     -
Last	First	MI	DOB
Corp./Co. Name:			
Address:			
Street	City	ST	Zip Code
Secondary Owner Information (if necessary)			
MA License or ID number			
Name: Last	First	L	
Last	FIISt	IVII	DOB
Address:			
Street	City	ST	Zip Code
SECTION 2:			
<b>Business Information</b>			
Name:	II TC . (*11 * .1 1		1
(If the Corp./Co. name is the same as in Section 1, write "same Business Certificate issued by your municipality. If you are an must supply a license number and an FID/EIN.)			
Location:			
Street	City	ST	Zip Code
Mailing Address:		. <u>——</u>	
Street (Complete if different than Business Location, if not write "san	City ne".)	ST	Zip Code
Tele. No. ( ) - Pager No. (	) -	_	
(You must be available for a site visit by t	he State Police.)		

#### **SECTION 3:**

1.	As an owner, do you currently have or ha (e.g., Dealer, Repairer, Owner Contractor, Trans	•	ral Registration plate?	q YES	q NO
	1a. If yes, complete the following Plate: Type	information. Number	Status: q Acti	ve <b>q</b> Expired	<b>q</b> Canceled
	1b. If yes, has the plate been suspe	ended or revoked?		q YES	q NO
2.	If the business is a corporation please lis	st officers:			
		—— President			
		Treasurer			
		——— Clerk			
3.	Are you engaged in any of the following a. Repairing motor vehicles or trailers f b. Towing motor vehicles or trailers for c. Towing for the Police Department?	for the public? r the public? (If yes, please include a copy of the DTE	permit.)	q YES q YES	q NO q NO
4.	State the complete address of any building address.	g or town yards used in conjunction	with your business that are	not located at you	r business
	Street	City	ST	Zip code	
	Street	City	ST	Zip code	
5.	Please describe the type of construction (business.	(wood, brick, cinder block, etc.) an	d the size of the building	used in conjunction	on with your
6.	, , , ,	ate that you are in the business of re			
<ol> <li>7.</li> </ol>					
	trailers for the public?	d by the Director, Division of Stan	dards, Office of Consume	q YES	q NO
7.	trailers for the public?  What are your posted hours of business?  Do you have a repair shop number issued (If yes, please include a copy of the document.)	d by the Director, Division of Stan  L. c. 90D, s. 4 that states that all vo	dards, Office of Consume ehicles owned by you or y me or the name of you bus	q YES r Affairs? qYES our business musiness. If the business	q NO q NO t be ness is a
7. 8. 9.	trailers for the public?  What are your posted hours of business?  Do you have a repair shop number issued (If yes, please include a copy of the document.)  Are you aware of the provisions of M.G. titled? (If you are an individual with a D.)	d by the Director, Division of Stan  L. c. 90D, s. 4 that states that all vo DBA the title(s) must be in your naroration name.)  ion contained in this application is tr	dards, Office of Consumer ehicles owned by you or you or the name of you bus	q YES  r Affairs?  qYES  our business mus iness. If the busin qYES	q NO t be ness is a q NO
7. 8. 9.	trailers for the public?  What are your posted hours of business?  Do you have a repair shop number issued (If yes, please include a copy of the document.)  Are you aware of the provisions of M.G. titled? (If you are an individual with a D corporation, the title must be in the corporation of the provision of the corporation of the cor	d by the Director, Division of Stan  L. c. 90D, s. 4 that states that all volume that the control of the contro	dards, Office of Consume ehicles owned by you or you or the name of you bus ue and correct to the best of	q YES  r Affairs?  qYES  our business mus iness. If the busin qYES	q NO t be ness is a q NO dge and belief.
7. 8. 9.	trailers for the public?  What are your posted hours of business?  Do you have a repair shop number issued (If yes, please include a copy of the document.)  Are you aware of the provisions of M.G. titled? (If you are an individual with a D corporation, the title must be in the corporation of the provision of the corporation of the provision of	d by the Director, Division of Stan  L. c. 90D, s. 4 that states that all volume or the state of	dards, Office of Consume ehicles owned by you or you or the name of you bus ue and correct to the best of	q YES  r Affairs? qYES  our business mus iness. If the busin qYES  f my (our) knowled	q NO t be ness is a q NO dge and belief.